

SERFF Tracking Number: BNLA-127917755 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
 Company Tracking Number: GR-G220 ET AL
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: Lump Sum Critical Illness
 Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Lump Sum Critical Illness SERFF Tr Num: BNLA-127917755 State: Arkansas
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved State Tr Num: 50552
 - Limited Benefit

Sub-TOI: H07I.001 Critical Illness Co Tr Num: GR-G220 ET AL State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Donna Lambert

Authors: Thomas Kimble, Dan

Murphy, Sandra Pufpaf, Janice

Fron, Sue Novotny

Date Submitted: 12/21/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 02/06/2012

State Filing Description:

General Information

Project Name: Lump Sum Critical Illness
 Project Number: GR-G220 et. al.
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/04/2012

State Status Changed: 01/04/2012

Created By: Sue Novotny

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sue Novotny

Filing Description:

Re: NAIC 233-61263 FEIN 36-0770740

Individual A&H – New Forms

Policy Forms

GR-G220: Lump Sum Critical Illness Policy - Cancer Only

GR-G222: Lump Sum Critical Illness Policy - Heart/Stroke/End State Renal Failure

GR-G224: Lump Sum Critical Illness Policy - Cancer/Heart/Stroke/End State Renal Failure

GR-G226: Lump Sum Critical Illness Policy - Cancer/Heart/Stroke, End Stage Renal Failure; Other Critical Illnesses

SERFF Tracking Number:	BNLA-127917755	State:	Arkansas
Filing Company:	Bankers Life and Casualty Company	State Tracking Number:	50552
Company Tracking Number:	GR-G220 ET AL		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Lump Sum Critical Illness		
Project Name/Number:	Lump Sum Critical Illness/GR-G220 et. al.		

Related Outlines of Coverage

18446: Outline of Coverage for GR-G220

18447: Outline of Coverage for GR-G222

18448: Outline of Coverage for GR-G224

18449: Outline of Coverage for GR-G226

Applications

18443 Application for Insurance

18443-OTH Application for Insurance

Benefit Rider

257A: Return of Premium Rider

Actuarial Rate Memorandum and Rates

Dear Insurance Department Personnel:

Enclosed for filing are the above captioned forms. This is a new product filing and does not replace any previously approved products. The enclosed forms are for use in the individual marketplace for person-to-person solicitation by our licensed agents.

The enclosed policies are guaranteed renewable lump sum critical illness policies. These are issued on an individual insured basis for ages 18-85.

Policy GR-G220

Coverage under GR-G220 provides a lump sum benefit for the diagnosis of Cancer as defined by the policy. The lump sum benefit amounts range from \$10,000 up to \$70,000 elected in increments of \$10,000.

Policy GR-G222

Coverage under GR-G222 provides a lump sum benefit for the diagnosis of Heart/Stroke and End Stage Renal Failure as defined by the policy. The lump sum benefit amounts range from \$10,000 up to \$70,000 elected in increments of \$10,000. This policy also provides coverage for Coronary Artery Bypass Graft and Angioplasty which will be paid at a percentage of the lump sum benefit.

Policy GR-G224

SERFF Tracking Number: BNLA-127917755 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
Company Tracking Number: GR-G220 ET AL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Lump Sum Critical Illness
Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Coverage under GR-G224 provides a lump sum benefit for the diagnosis of Cancer, Heart/Stroke and End Stage Renal Failure as defined by the policy. The lump sum benefit amounts range from \$10,000 up to \$70,000 elected in increments of \$10,000. Within the Heart/Stroke and End Stage Renal Failure category, this policy also provides coverage for Coronary Artery Bypass Graft and Angioplasty which will be paid at percentage of the lump sum benefit.

Policy GR-G226

Coverage under GR-G226 provides a lump sum benefit for the diagnosis of Cancer, Heart/Stroke, End Stage Renal Failure and other Critical Illnesses as defined by the policy. The lump sum benefit amounts range from \$10,000 up to \$70,000 elected in increments of \$10,000. Within the Heart/Stroke and End Stage Renal Failure category, this policy also provides coverage for Coronary Artery Bypass Graft and Angioplasty which will be paid as a percentage of the lump sum benefit. Within the Other Critical Illness category, this policy also provides coverage for Dismemberment which will be paid at a percentage of the lump sum benefit.

Benefit Rider

Rider 257A is an optional benefit rider providing a return of premium benefit. The rider provides for a return of all premium once the Return of Premium Period has been met. The period is set at twenty years beginning with the rider's effective date. This rider will be offered to issue ages 18-75.

Applications

18443

Application 18443 is the application for these products, which are simplified issue products. The applicant will be asked to provide information on the application for the type of coverage being applied for. As such Section 1 of the application is being filed as variable for the policy and rider elections.

18443-OTH

We do not plan to initially release policy form GR-G226. As such we are submitting application 18443-OTH. This application is identical to 18443 except for the addition of Section 5 - Medical Questions 5g. through 5j.

The applications may be used in both paper and electronic formats. When used in an electronic format, the spacing and font may vary from the paper format, but the text and order of the application will not change.

We reserve the right to change the format of the enclosed forms to account for different issuance systems. The order and the content, however, will not be changed.

This filing contains no unusual or controversial items from normal Company or industry standards. We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please

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 Limited Benefit
 Product Name: Lump Sum Critical Illness
 Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

call me.

Company and Contact

Filing Contact Information

Sue Novotny, Product Filing Analyst s.novotny@banklife.com
 600 West Chicago Ave 800-621-3724 [Phone] 66059 [Ext]
 Location: CH-4B038 312-396-5907 [FAX]
 Chicago, IL 60654-2800

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois
 600 West Chicago Ave Group Code: 233 Company Type:
 Chicago, IL 60654-2800 Group Name: State ID Number:
 (800) 621-3724 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

Fee Required? Yes
 Fee Amount: \$550.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$550.00	12/21/2011	54749903

SERFF Tracking Number:	BNLA-127917755	State:	Arkansas
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TOI:	H07I Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H07I.001 Critical Illness
Product Name:	Lump Sum Critical Illness		
Project Name/Number:	Lump Sum Critical Illness/GR-G220 et. al.		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/04/2012	01/04/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	01/04/2012	01/04/2012	Sue Novotny	01/04/2012	01/04/2012
Pending Industry Response	Donna Lambert	01/03/2012	01/03/2012	Sue Novotny	01/04/2012	01/04/2012

<i>SERFF Tracking Number:</i>	<i>BNLA-127917755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>50552</i>
<i>Company Tracking Number:</i>	<i>GR-G220 ET AL</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Lump Sum Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Lump Sum Critical Illness/GR-G220 et. al.</i>		

Disposition

Disposition Date: 01/04/2012

Implementation Date: 02/06/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BNLA-127917755 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552

Company Tracking Number: GR-G220 ET AL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Lump Sum Critical Illness

Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Form (revised)	Lump Sum Critical Illness Policy	Approved	Yes
Form	Lump Sum Critical Illness Policy	Replaced	Yes
Form (revised)	Lump Sum Critical Illness Policy	Approved	Yes
Form	Lump Sum Critical Illness Policy	Replaced	Yes
Form (revised)	Lump Sum Critical Illness Policy	Approved	Yes
Form	Lump Sum Critical Illness Policy	Replaced	Yes
Form (revised)	Lump Sum Critical Illness Policy	Approved	Yes
Form	Lump Sum Critical Illness Policy	Replaced	Yes
Form	Outline of Coverage for GR-G220	Approved	Yes
Form	Outline of Coverage for GR-G222	Approved	Yes
Form	Outline of Coverage for GR-G224	Approved	Yes
Form	Outline of Coverage for GR-G226	Approved	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Replaced	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Replaced	Yes
Form	Return of Premium Rider	Approved	Yes
Rate	GR-G220 ET AL Rates	Approved	Yes

SERFF Tracking Number: BNLA-127917755 State: Arkansas
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Company Tracking Number: GR-G220 ET AL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Lump Sum Critical Illness
Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/04/2012
Submitted Date 01/04/2012
Respond By Date 02/06/2012

Dear Sue Novotny,

Please revise form GR-G224 to include the changes made to the other policies.

We have reconsidered our objection regarding RR 18 Section 8(A)(2). Please note If previously or subsequently approved riders increasing/decreasing benefits will be attached to these policies in the future, the policies will need to be refiled to include the language required by RR 18 Section 8(A)(2). You may find it easier to add this language now to prevent the need for another filing.

Thank you.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: BNLA-127917755 State: Arkansas
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Company Tracking Number: GR-G220 ET AL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Lump Sum Critical Illness
Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/04/2012
Submitted Date 01/04/2012

Dear Donna Lambert,

Comments:

Response 1

Comments: I apologize, I am not sure why the updated GR-G224 did not go through with my previous response. I just reviewed this version and it does contain the same updates. The Premium Refund provision is on the bottom of page 5, and the updated Payment of Claims provision is on page 6.

Thank you for your reconsideration to your first objection. We are aware that filing would be needed if a previously or subsequently approved riders increasing/decreasing benefits will be attached to these policies in the future. So if that were to happen, our intention would be to create a new policy form product to be filed in the future.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Lump Sum Critical Illness Policy	GR-G224		Policy/Contract/Fraternal Certificate	Other		50.270	GR-G224ar.pdf
Previous Version							
Lump Sum Critical Illness Policy	GR-G224		Policy/Contract/Fraternal Certificate	Initial		50.270	ICI GR-G224 Policy.pdf

No Rate/Rule Schedule items changed.

PDF Pipeline for SERFF Tracking Number BNLA-127917755 Generated 01/04/2012 02:45 PM

SERFF Tracking Number: BNLA-127917755 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
Company Tracking Number: GR-G220 ET AL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Lump Sum Critical Illness
Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/03/2012
Submitted Date 01/03/2012
Respond By Date 02/03/2012

Dear Sue Novotny,

This will acknowledge receipt of the captioned filing.

Objection 1

- Lump Sum Critical Illness Policy, GR-G220 (Form)
- Lump Sum Critical Illness Policy, GR-G222 (Form)
- Lump Sum Critical Illness Policy, GR-G226 (Form)

Comment: Please add the following provisions required by RR 18:

Include a provision that riders and amendments must be signed if reducing benefits or increasing premium. Section 8A(2)

23-85-114 If an indemnity is payable to the estate, insurer may pay up to \$1,000 to any relative, which will fully discharge the insurer to the extent of payment.

23-85-134 Please revise the policy to have a separate provision for the return of unearned premium. Premiums must be paid for any period beyond the end of the policy month in which the insured's death occurred.

Objection 2

- Application, 18443 (Form)
- Application, 18443-OTH (Form)

Comment: Please add the fraud warning required by 23-66-503: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Specified Disease coverage cannot be sold to person's covered by Medicaid. Please add the statement required by RR 18 Appendix Specified Disease A(6) above the applicant's signature.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company.

The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Sincerely,
Donna Lambert

SERFF Tracking Number: BNLA-127917755 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
Company Tracking Number: GR-G220 ET AL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Lump Sum Critical Illness
Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/04/2012
Submitted Date 01/04/2012

Dear Donna Lambert,

Comments:

Response 1

Comments: We respectfully request that you reconsider the request to add a provision that riders and amendments must be signed if reducing benefits or increasing premium. The Return of Premium rider does not reduce benefits or increas premiums, so this provision requirement is not applicable to the policy forms being submitted for approval.

We have added/revised the following provision to GR-G220, GR-G222, GR-G224, & GR-G226 under each Uniformed Provision section to comply with 23-85-114 & 23-85-134 :

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We can pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

PREMIUM REFUND AT DEATH: We'll refund that part of any premium paid covering the period beyond Your date of death.

Related Objection 1

Applies To:

- Lump Sum Critical Illness Policy, GR-G220 (Form)
- Lump Sum Critical Illness Policy, GR-G222 (Form)
- Lump Sum Critical Illness Policy, GR-G226 (Form)

Comment:

Please add the following provisions required by RR 18:

Include a provision that riders and amendments must be signed if reducing benefits or increasing premium.
Section 8A(2)

23-85-114 If an indemnity is payable to the estate, insurer may pay up to \$1,000 to any relative, which will fully

SERFF Tracking Number: BNLA-127917755 State: Arkansas
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 Limited Benefit
 Product Name: Lump Sum Critical Illness
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discharge the insurer to the extent of payment.

23-85-134 Please revise the policy to have a separate provision for the return of unearned premium. Premiums must be paid for any period beyond the end of the policy month in which the insured's death occurred.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Lump Sum Critical Illness Policy	GR-G220		Policy/Contract/Fraternal Certificate	Revised		53.600	GR-G220ar.pdf
Previous Version							
Lump Sum Critical Illness Policy	GR-G220		Policy/Contract/Fraternal Certificate	Initial		53.600	ICI GR-G220 Policy.pdf
Lump Sum Critical Illness Policy	GR-G222		Policy/Contract/Fraternal Certificate	Revised		50.080	GR-G222ar.pdf
Previous Version							
Lump Sum Critical Illness Policy	GR-G222		Policy/Contract/Fraternal Certificate	Initial		50.080	ICI GR-G222 Policy.pdf
Lump Sum Critical Illness Policy	GR-G226		Policy/Contract/Fraternal Certificate	Initial		50.250	GR-G226ar.pdf
Previous Version							
Lump Sum Critical Illness Policy	GR-G226		Policy/Contract/Fraternal Certificate	Initial		50.250	ICI GR-G226 Policy.pdf

SERFF Tracking Number: BNLA-127917755 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
 Company Tracking Number: GR-G220 ET AL
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Lump Sum Critical Illness
 Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

No Rate/Rule Schedule items changed.

Response 2

Comments: As requested, we have revised the applications to include the appropriate fraud warning and a statement that this coverage cannot be sold to someone on Medicaid on the signature section for each. Please note that we have changed the form numbers to now be 18843-AR & 18843-OTH-AR.

Related Objection 1

Applies To:

- Application, 18443 (Form)
- Application, 18443-OTH (Form)

Comment:

Please add the fraud warning required by 23-66-503: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Specified Disease coverage cannot be sold to person's covered by Medicaid. Please add the statement required by RR 18 Appendix Specified Disease A(6) above the applicant's signature.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application	18443-AR		Application/Enrollment Form	Revised		50.000	18443-AR.pdf
Previous Version							
Application	18443		Application/Enrollment Form	Initial		50.000	18443 STD.pdf
Application	18443-OTH-AR		Application/Enrollment Form	Revised		50.000	18443-OTH-AR.pdf

<i>SERFF Tracking Number:</i>	<i>BNLA-127917755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>50552</i>
<i>Company Tracking Number:</i>	<i>GR-G220 ET AL</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Lump Sum Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Lump Sum Critical Illness/GR-G220 et. al.</i>		

Previous Version

<i>Application</i>	<i>18443- OTH</i>	<i>Application/Enrollment Form</i>	<i>Initial</i>	<i>50.000</i>	<i>18443- OTH STD.pdf</i>
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No Rate/Rule Schedule items changed.

Thank you again for your time and please let us know if you have any other questions.

Sincerely,

Dan Murphy, Janice Fron, Sandra Pufpaf, Sue Novotny, Thomas Kimble

SERFF Tracking Number: BNLA-127917755 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552

Company Tracking Number: GR-G220 ET AL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Lump Sum Critical Illness

Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/04/2012	GR-G220	Policy/Cont	Lump Sum Critical Illness Policy Certificate	Revised	Replaced Form #: Previous Filing #:	53.600	GR-G220ar.pdf
Approved 01/04/2012	GR-G222	Policy/Cont	Lump Sum Critical Illness Policy Certificate	Revised	Replaced Form #: Previous Filing #:	50.080	GR-G222ar.pdf
Approved 01/04/2012	GR-G224	Policy/Cont	Lump Sum Critical Illness Policy Certificate	Other	Other Explanation:	50.270	GR-G224ar.pdf
Approved 01/04/2012	GR-G226	Policy/Cont	Lump Sum Critical Illness Policy Certificate	Initial		50.250	GR-G226ar.pdf
Approved 01/04/2012	18446	Outline of Coverage	Outline of Coverage for GR-G220	Initial		50.020	18446.pdf
Approved 01/04/2012	18447	Outline of Coverage	Outline of Coverage for GR-G222	Initial		50.120	18447.pdf
Approved 01/04/2012	18448	Outline of Coverage	Outline of Coverage for GR-G224	Initial		50.530	18448.pdf
Approved 01/04/2012	18449	Outline of Coverage	Outline of Coverage for GR-G226	Initial		50.690	18449.pdf
Approved 01/04/2012	18443-AR	Application/ Enrollment Form	Application	Revised	Replaced Form #: 18443 Previous Filing #:	50.000	18443-AR.pdf
Approved 01/04/2012	18443-OTH-AR	Application/ Enrollment Form	Application	Revised	Replaced Form #: 18443-OTH Previous Filing #:	50.000	18443-OTH-AR.pdf

<i>SERFF Tracking Number:</i>	<i>BNLA-127917755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>50552</i>
<i>Company Tracking Number:</i>	<i>GR-G220 ET AL</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Lump Sum Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Lump Sum Critical Illness/GR-G220 et. al.</i>		
Approved 257A 01/04/2012	Policy/Cont Return of Premium Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	58.180	257AROP.pdf

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G220 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

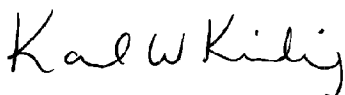
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

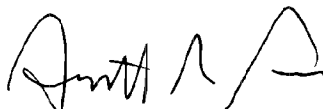
If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER ONLY

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 4
CLAIM FORMS	5
CONSIDERATION	3
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	4
NOTICE OF CLAIM	5
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	5
REINSTATEMENT	5
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	4
UNIFORM PROVISIONS	4 - 5
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G220

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G220	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G220	[\$X,XXX.XX]
BIRTHDATE: [10/16/60] AGE [40]	LUMP SUM BENEFIT: [\$XX,XXX.XX]	
BENEFIT RIDER:		
[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]

CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for purposes of this Policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once while the Policy is in force. After We pay the Lump Sum Benefit, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer.

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

PREMIUM REFUND AT DEATH: We'll refund that part of any premium paid covering the period beyond Your date of death.

UNIFORM PROVISIONS (Continued)

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement, it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

If benefits are payable to Your estate, We can pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER ONLY

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G222 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

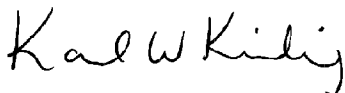
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 4
CLAIM FORMS	5
CONSIDERATION	3
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	4
NOTICE OF CLAIM	5
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	5
REINSTATEMENT	5
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	4
UNIFORM PROVISIONS	4 - 5
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G222

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G222	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G222	[\$X,XXX.XX]
BIRTHDATE: [10/16/60] [AGE 40]	LUMP SUM BENEFIT: [\$XX,XXX.XX]	
	ANGIOPLASTY LUMP SUM PERCENTAGE: [25]%	
	CORONARY ARTERY BYPASS GRAFT (CABG) LUMP SUM PERCENTAGE: [25]%	
BENEFIT RIDER:		
[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]

CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once while the Policy is in force. After We pay the Lump Sum Benefit, the Policy will terminate.

Critical Illness for the purposes of this Policy means Heart/Stroke or End Stage Renal Failure.

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft and Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than 24 hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.

BENEFIT PROVISIONS (Continued)

3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:

A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery, laser angioplasty or atherectomy.

B) **Angioplasty** for the purposes of this Policy, means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.

4. **End Stage Renal Failure** for the purposes of this Policy, means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly), or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

UNIFORM PROVISIONS (Continued)

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

PREMIUM REFUND AT DEATH: We'll refund that part of any premium paid covering the period beyond Your date of death.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

If benefits are payable to Your estate, We can pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G224 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

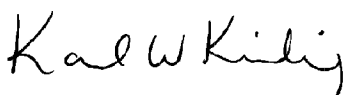
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE


If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 5
CATEGORY ONE: CANCER	3 - 4
CATEGORY TWO: HEART/STROKE; END STAGE RENAL FAILURE	4
CLAIM FORMS	6
CONSIDERATION	3
CONTINUATION OF COVERAGE	5
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	.3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	5
NOTICE OF CLAIM	6
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	6
REINSTATEMENT	6
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	5
UNIFORM PROVISIONS	5 - 6
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G224

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G224	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G224	[\$X,XXX.XX]

BIRTHDATE: [10/16/60] AGE [40]	CATEGORY ONE LUMP SUM BENEFIT: [\$XX,XXX.XX]
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CATEGORY TWO LUMP SUM BENEFIT: [\$XX,XXX.XX]

ANGIOPLASTY LUMP SUM PERCENTAGE: [25]%

CORONARY ARTERY BYPASS GRAFT (CABG) LUMP SUM PERCENTAGE: [25]%

BENEFIT RIDER:

[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
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TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]
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CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit once for each Category of Critical Illness under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once for each Category of Critical Illness while the Policy is in force. After We pay the Lump Sum Benefit for each Category of Critical Illness, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer, Heart/Stroke or End Stage Renal Failure.

Category One: Cancer

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Two: Heart/Stroke; End Stage Renal Failure

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft, Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than twenty-four (24) hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.
3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown on the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:
 - A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery; laser angioplasty, or atherectomy.
 - B) **Angioplasty** for the purposes of this Policy, means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.
4. **End Stage Renal Failure** for the purposes of this Policy means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly), or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

BENEFIT PROVISIONS (Continued)

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

CONTINUATION OF COVERAGE

If You collect a Lump Sum Benefit for a first-time diagnosed Critical Illness or procedure in one (1) Category, and You continue to pay premiums, You can collect the Lump Sum Benefit if diagnosed with a first-time Critical Illness or condition from the other remaining Category. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories. You may collect up to one hundred percent (100%) of the Lump Sum Benefit from each Category.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

PREMIUM REFUND AT DEATH: We'll refund that part of any premium paid covering the period beyond Your date of death.

UNIFORM PROVISIONS (Continued)

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

If benefits are payable to Your estate, We can pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G226 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

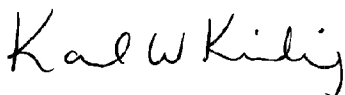
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER/HEART/STROKE/END STAGE RENAL FAILURE AND OTHER SPECIFIED CRITICAL ILLNESS

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 5
CATEGORY ONE: CANCER	3 - 4
CATEGORY TWO: HEART/STROKE; END STAGE RENAL FAILURE	4
CATEGORY THREE: OTHER SPECIFIED CRITICAL ILLNESS	5
CLAIM FORMS	7
CONSIDERATION	3
CONTINUATION OF COVERAGE	6
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	6
NOTICE OF CLAIM	7
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	7
REINSTATEMENT	6
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	6
UNIFORM PROVISIONS	6 - 7
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G226

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED [DOE, JOHN J.] [123,000,000] POLICY NUMBER

FIRST PREMIUM \$[X,XXX.XX] [JANUARY 1, 2012] ISSUE DATE

NEXT PREMIUM DUE DATE [JANUARY 1, 2013] GR-G226 POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G226	\$[X,XXX.XX]

BIRTHDATE: [10/16/60] AGE [40]	CATEGORY ONE LUMP SUM BENEFIT: \$[XX,XXX.X]
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CATEGORY TWO LUMP SUM BENEFIT: \$[XX,XXX.XX]

ANGIOPLASTY LUMP SUM PERCENTAGE: [25]%

CORONARYARTERY BYPASS GRAFT (CABG) LUMP SUM PERCENTAGE: [25]%

CATEGORY THREE LUMP SUM BENEFIT: \$[XX,XXX.XX]

DISMEMBERMENT LUMP SUM PERCENTAGE: [25]%

BENEFIT RIDER:

[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	\$[XXX.XX]
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TOTAL POLICY ANNUAL PREMIUM	\$[X,XXX.XX]
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CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit once for each Category of Critical Illness under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once for each Category of Critical Illness while the Policy is in force. After We pay the Lump Sum Benefit for each Category of Critical Illness, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer, Heart/Stroke, End Stage Renal Failure and Other Specified Critical Illnesses.

Category One: Cancer

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Two: Heart/Stroke; End Stage Renal Failure

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft, Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than twenty-four (24) hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.
3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:
 - A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery, laser angioplasty, or atherectomy.
 - B) **Angioplasty** for the purposes of this Policy means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.
4. **End Stage Renal Failure** for the purposes of this Policy means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

BENEFIT PROVISIONS (Continued)

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Three: Other Specified Critical Illness

For the purposes of this Policy Other Specified Critical Illness includes Coma, Major Organ Transplant, Paralysis, Blindness, Severe Burns and Dismemberment.

1. **Coma** for the purposes of this Policy means a condition resulting from a traumatic brain injury that is not medically induced and results in a continuous state of unconsciousness from which you cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes (e.g. a Glasgow Coma Scale score of eight (8) or less), and has persisted continuously for fourteen (14) days. The condition must require intubation for respiratory assistance. Comas due to metabolic or circulatory derangements, in the absence of a traumatic brain injury, are excluded.
2. **Major Organ Transplant** for the purposes of this Policy means a clinical diagnosis of organ failure of a kidney, liver, lung, heart, or pancreas of such severity that the physician recommends that the insured undergo transplant surgery, or results in the Insured being placed on the United Network of Organ Sharing (UNOS) transplant list, or a similar state-recognized list, for the organ that has failed. If the insured is on the UNOS list for a combined transplant, only one (1) benefit will be paid. If the Insured is determined by the physician to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived.
3. **Paralysis** for the purposes of this Policy means the complete and permanent Loss of use of two (2) or more limbs through neurological injury for a continuous period of at least one hundred eighty (180) days. Limb is defined as a complete arm or leg. Paralysis due to a stroke will be covered under the stroke benefit.
4. **Blindness** for the purposes of this Policy means clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with:
 - A) Sight in the better eye reduced to a best corrected visual acuity of less than 20/200 (Snellen or E-Chart Acuity) or 6/60 (Metric Acuity) or
 - B) Visual field restriction to twenty (20) degrees or less in both eyes.
5. **Severe Burns** for the purposes of this Policy means third degree burns covering at least twenty percent (20%) of the surface area of the body. Third degree burns extend through the entire thickness of the skin and may or may not involve the underlying tissue.
6. **Dismemberment:** Lump Sum Benefits for Dismemberment will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for Dismemberment.

Dismemberment for the purposes of this Policy means the complete amputation or total and irrevocable loss of use of two (2) or more of the following:

- A) The hand, through or above the wrist joint, and/or
- B) The foot, through or above the ankle joint.

Benefits are not payable under both Dismemberment and Paralysis for the same event.

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

CONTINUATION OF COVERAGE

If You collect a Lump Sum Benefit for a first-time diagnosed Critical Illness or procedure in one (1) category, and You continue to pay premiums, You can collect the Lump Sum Benefit if diagnosed with a first-time Critical Illness or condition from the other remaining categories. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories. You may collect up to one hundred percent (100%) of the Lump Sum Benefit from each of the three categories.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

PREMIUM REFUND AT DEATH: We'll refund that part of any premium paid covering the period beyond Your date of death.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

UNIFORM PROVISIONS (Continued)

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it starts or as soon as reasonably possible. You must give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page One (1) or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must get this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of Loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

If benefits are payable to Your estate, We can pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE AND
OTHER SPECIFIED CRITICAL ILLNESS**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave
Chicago, Illinois 60654-2800

INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER ONLY

THIS POLICY PROVIDES LIMITED BENEFITS

NOTICE TO BUYER: This is a Critical Illness Policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the outline of coverage.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from the company.

OUTLINE OF COVERAGE
For Policy Form GR-G220
Individual Lump Sum Critical Illness Policy - Cancer Only

1. **COVERAGE IS LIMITED** - This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase this policy.
2. **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will apply. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
3. **CRITICAL ILLNESS COVERAGE** - This type of coverage is designed to provide restricted coverage paying benefits **ONLY** when loss occurs as a result of Critical Illness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
4. **BENEFITS PROVIDED BY THIS POLICY** - This policy pays a lump sum benefit amount when you are first diagnosed with a Critical Illness subject to the following:
 - A. The loss occurs after the Waiting Period;
 - B. The loss occurs while the policy is in force; and
 - C. The loss is not specifically excluded by the policy.

Critical Illness for the purposes of this policy means Cancer as defined in the policy.

The lump sum benefit is \$_____.

We will pay the lump sum benefit only once while the policy is in force. After we pay the lump sum benefit, the policy will terminate.

5. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - RENEWABILITY** - The policy is guaranteed renewable for life. As long as the required premium is paid, the policy will continue for as long as you live or until all benefits have been provided under this policy. The premium must be paid on or before its due date or during the thirty-one (31) days that follow.
6. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** - We may change the premium rates for this policy. We can change the premium only if we change it for all policies like yours based on the state in which your policy was issued on a class basis.

7. LIMITATIONS AND EXCLUSIONS:

Pre-Existing Medical Conditions Limitation - We will not pay benefits for a Critical Illness resulting from a pre-existing medical condition unless the Critical Illness commences more than twelve (12) months after the effective date of coverage. Pre-existing medical condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage. A pre-existing medical condition can exist even though a diagnosis has not yet been made.

Waiting Period - We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

Exclusions - We will not pay benefits for loss contributed to, caused by or resulting from your:

- A. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
- B. Being diagnosed with a Critical Illness during the waiting period.
- C. Having a pre-existing medical condition subject to the pre-existing medical conditions limitation.
- D. Participating or attempting to participate in an illegal act, or working at an illegal job.
- E. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician.
- F. Injuring or attempting to injure yourself intentionally, regardless of mental capacity.
- G. Committing or attempting to commit suicide, regardless of mental capacity.
- H. Participating in any sporting event for pay or prize money.
- I. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
- J. Alcoholism, drug abuse, or chemical dependency.

8. OPTIONAL RIDER AVAILABLE - Additional coverage may be purchased under the following optional rider:

257A - Return of Premium Rider: During the Return of Premium Period, the sum equal to one hundred percent (100%) of the premiums paid, less any claims incurred during that period will be returned. A Return of Premium Period is equal to twenty (20) consecutive years that the Policy is in force. The Rider will end after the Maturity Date is reached, or when the Policy ends.

9. PREMIUM (At time of application):

Applicant

BASIC COVERAGE PREMIUM

\$ _____ per _____

☐ Additional Premium for Return of Premium Rider 257A

\$ _____ per _____

TOTAL PREMIUM

\$ _____ per _____

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave
Chicago, Illinois 60654-2800

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
HEART/STROKE/END STAGE RENAL FAILURE**

THIS POLICY PROVIDES LIMITED BENEFITS

NOTICE TO BUYER: This is a Critical Illness Policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the outline of coverage.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from the company.

**OUTLINE OF COVERAGE
For Policy Form GR-G222**

Individual Lump Sum Critical Illness Policy - Heart/Stroke/End Stage Renal Failure

1. **COVERAGE IS LIMITED** - This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase this policy.
2. **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will apply. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
3. **CRITICAL ILLNESS COVERAGE** - This type of coverage is designed to provide restricted coverage paying benefits **ONLY** when loss occurs as a result of Critical Illness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
4. **BENEFITS PROVIDED BY THIS POLICY** - This policy pays a lump sum benefit amount when you are first diagnosed with a Critical Illness subject to the following:
 - A. The loss occurs after the Waiting Period;
 - B. The loss occurs while the policy is in force; and
 - C. The loss is not specifically excluded by the policy.

Critical Illness for the purposes of this policy means Heart/Stroke, End Stage Renal Failure as defined in the policy.

The lump sum benefit is \$_____.

Lump Sum Benefit for Coronary Artery Bypass Graft (CABG) and Angioplasty - We will pay a lump sum benefit for CABG and Angioplasty as a percentage [25]% of the lump sum benefit. The lump sum benefit for the other Critical Illness in this category will then be reduced by any benefits paid for CABG or Angioplasty.

We will pay the lump sum benefit only once while the policy is in force. After we pay the lump sum benefit, the policy will terminate.

5. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - RENEWABILITY** - The policy is guaranteed renewable for life. As long as the required premium is paid, the policy will continue for as long as you live or until all benefits have been provided under this policy. The premium must be paid on or before its due date or during the thirty-one (31) days that follow.

6. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** - We may change the premium rates for this policy. We can change the premium only if we change it for all policies like yours based on the state in which your policy was issued on a class basis.

7. **LIMITATIONS AND EXCLUSIONS:**

Pre-Existing Medical Conditions Limitation - We will not pay benefits for a Critical Illness resulting from a pre-existing medical condition unless the Critical Illness commences more than twelve (12) months after the effective date of coverage. Pre-existing medical condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage. A pre-existing medical condition can exist even though a diagnosis has not yet been made.

Waiting Period - We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

Exclusions - We will not pay benefits for loss contributed to, caused by or resulting from your:

- A. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
- B. Being diagnosed with a Critical Illness during the waiting period.
- C. Having a pre-existing medical condition subject to the pre-existing medical conditions limitation.
- D. Participating or attempting to participate in an illegal act, or working at an illegal job.
- E. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician.
- F. Injuring or attempting to injure yourself intentionally, regardless of mental capacity.
- G. Committing or attempting to commit suicide, regardless of mental capacity.
- H. Participating in any sporting event for pay or prize money.
- I. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
- J. Alcoholism, drug abuse, or chemical dependency.

8. **OPTIONAL RIDER AVAILABLE** - Additional coverage may be purchased under the following optional rider:

257A - Return of Premium Rider: During the Return of Premium Period, the sum equal to one hundred percent (100%) of the premiums paid, less any claims incurred during that period will be returned. A Return of Premium Period is equal to twenty (20) consecutive years that the Policy is in force. The Rider will end after the Maturity Date is reached, or when the Policy ends.

9. **PREMIUM (At time of application):**

Applicant

BASIC COVERAGE PREMIUM

\$ _____ per _____

☐ Additional Premium for Return of Premium Rider 257A

\$ _____ per _____

TOTAL PREMIUM

\$ _____ per _____

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave
Chicago, Illinois 60654-2800

INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE

THIS POLICY PROVIDES LIMITED BENEFITS

NOTICE TO BUYER: This is a Critical Illness Policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the outline of coverage.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from the company.

OUTLINE OF COVERAGE
For Policy Form GR-G224

Individual Lump Sum Critical Illness Policy - Cancer/Heart/Stroke/End Stage Renal Failure

1. **COVERAGE IS LIMITED** - This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase this policy.
2. **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will apply. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
3. **CRITICAL ILLNESS COVERAGE** - This type of coverage is designed to provide restricted coverage paying benefits **ONLY** when loss occurs as a result of Critical Illness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
4. **BENEFITS PROVIDED BY THIS POLICY** - This policy pays a lump sum benefit amount when you are first diagnosed with a Critical Illness subject to the following:
 - A. The loss occurs after the Waiting Period;
 - B. The loss occurs while the policy is in force; and
 - C. The loss is not specifically excluded by the policy.

Critical Illness for the purposes of this policy means two categories of Critical Illness as defined in the policy:

- Category One - Cancer
- Category Two - Heart/Stroke, End Stage Renal Failure.

The lump sum benefit for each category of Critical Illness is \$_____.

If you collect a lump sum benefit for a first-time diagnosed Critical Illness or procedure in one (1) category and continue to pay premiums, you will be eligible to collect the lump sum benefit if diagnosed with a first-time Critical Illness or condition from the other remaining category. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories, then you would be eligible to collect up to one hundred percent (100%) of the lump sum benefit from each category.

Lump Sum Benefit for Coronary Artery Bypass Graft (CABG) and Angioplasty - Within Category Two, We will pay a lump sum benefit for CABG and Angioplasty as a percentage [25]% of the lump sum benefit. The lump sum benefit for the other Critical Illness in this category will then be reduced by any benefits paid for CABG or Angioplasty.

We will pay the lump sum benefit only once for each category of Critical Illness while the policy is in force. After we pay the lump sum benefit for each category of Critical Illness, the policy will terminate.

5. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - RENEWABILITY** - The policy is guaranteed renewable for life. As long as the required premium is paid, the policy will continue for as long as you live or until all benefits have been provided under this policy. The premium must be paid on or before its due date or during the thirty-one (31) days that follow.

6. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** - We may change the premium rates for this policy. We can change the premium only if we change it for all policies like yours based on the state in which your policy was issued on a class basis.

7. **LIMITATIONS AND EXCLUSIONS:**

Pre-Existing Medical Conditions Limitation - We will not pay benefits for a Critical Illness resulting from a pre-existing medical condition unless the Critical Illness commences more than twelve (12) months after the effective date of coverage. Pre-existing medical condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage. A pre-existing medical condition can exist even though a diagnosis has not yet been made.

Waiting Period - We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

Exclusions - We will not pay benefits for loss contributed to, caused by or resulting from your:

- A. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
- B. Being diagnosed with a Critical Illness during the waiting period.
- C. Having a pre-existing medical condition subject to the pre-existing medical conditions limitation.
- D. Participating or attempting to participate in an illegal act, or working at an illegal job.
- E. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician.
- F. Injuring or attempting to injure yourself intentionally, regardless of mental capacity.
- G. Committing or attempting to commit suicide, regardless of mental capacity.
- H. Participating in any sporting event for pay or prize money.
- I. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
- J. Alcoholism, drug abuse, or chemical dependency.

8. **OPTIONAL RIDER AVAILABLE** - Additional coverage may be purchased under the following optional rider:

257A - Return of Premium Rider: During the Return of Premium Period, the sum equal to one hundred percent (100%) of the premiums paid, less any claims incurred during that period will be returned. A Return of Premium Period is equal to twenty (20) consecutive years that the Policy is in force. The Rider will end after the Maturity Date is reached, or when the Policy ends.

9. **PREMIUM (At time of application):**

Applicant

BASIC COVERAGE PREMIUM

\$ _____ per _____

☐ Additional Premium for Return of Premium Rider 257A

\$ _____ per _____

TOTAL PREMIUM

\$ _____ per _____

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave
Chicago, Illinois 60654-2800

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE AND
OTHER SPECIFIED CRITICAL ILLNESS**

THIS POLICY PROVIDES LIMITED BENEFITS

NOTICE TO BUYER: This is a Critical Illness Policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the outline of coverage.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from the company.

**OUTLINE OF COVERAGE
For Policy Form GR-G226**

**Individual Lump Sum Critical Illness Policy -
Cancer/Heart/Stroke/End Stage Renal Failure and Other Specified Critical Illness**

1. **COVERAGE IS LIMITED** - This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase this policy.
2. **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will apply. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
3. **CRITICAL ILLNESS COVERAGE** - This type of coverage is designed to provide restricted coverage paying benefits **ONLY** when loss occurs as a result of Critical Illness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
4. **BENEFITS PROVIDED BY THIS POLICY** - This policy pays a lump sum benefit amount when you are first diagnosed with a Critical Illness subject to the following:
 - A. The loss occurs after the Waiting Period;
 - B. The loss occurs while the policy is in force; and
 - C. The loss is not specifically excluded by the policy.

Critical Illness for the purposes of this policy means three categories of Critical Illness as defined in the policy:

- Category One - Cancer
- Category Two - Heart/Stroke, End Stage Renal Failure
- Category Three - Other Specified Critical Illness (Coma, Major Organ Transplant, Paralysis, Blindness, Severe Burns, Dismemberment).

The lump sum benefit for each category of Critical Illness is \$_____.

If you collect a lump sum benefit for a first-time diagnosed Critical Illness or procedure in one (1) category and continue to pay premiums, you will be eligible to collect the lump sum benefit if diagnosed with a first-time Critical Illness or condition from the other remaining categories. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories, then you would be eligible to collect up to one hundred percent (100%) of the lump sum benefit from each category.

Lump Sum Benefit for Coronary Artery Bypass Graft (CABG) and Angioplasty - Within Category Two, We will pay a lump sum benefit for CABG and Angioplasty as a percentage [25]% of the lump sum benefit. The lump sum benefit for the other Critical Illness in this category will then be reduced by any benefits paid for CABG or Angioplasty.

Lump Sum Benefit for Dismemberment - Within Category Three, We will pay a lump sum benefit for Dismemberment as a percentage [25]% of the lump sum benefit. The lump sum benefit for the other Critical Illness in this category will then be reduced by any benefits paid for Dismemberment. We will not pay benefits under both Dismemberment and Paralysis for the same event.

We will pay the lump sum benefit only once for each category of Critical Illness while the policy is in force. After we pay the lump sum benefit for each category of Critical Illness, the policy will terminate.

5. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - RENEWABILITY - The policy is guaranteed renewable for life. As long as the required premium is paid, the policy will continue for as long as you live or until all benefits have been provided under this policy. The premium must be paid on or before its due date or during the thirty-one (31) days that follow.

6. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS - We may change the premium rates for this policy. We can change the premium only if we change it for all policies like yours based on the state in which your policy was issued on a class basis.

7. LIMITATIONS AND EXCLUSIONS:

Pre-Existing Medical Conditions Limitation - We will not pay benefits for a Critical Illness resulting from a pre-existing medical condition unless the Critical Illness commences more than twelve (12) months after the effective date of coverage. Pre-existing medical condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage, or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage. A pre-existing medical condition can exist even though a diagnosis has not yet been made.

Waiting Period - We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

Exclusions - We will not pay benefits for loss contributed to, caused by or resulting from your:

- A. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
- B. Being diagnosed with a Critical Illness during the waiting period.
- C. Having a pre-existing medical condition subject to the pre-existing medical conditions limitation.
- D. Participating or attempting to participate in an illegal act, or working at an illegal job.
- E. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician.
- F. Injuring or attempting to injure yourself intentionally, regardless of mental capacity.
- G. Committing or attempting to commit suicide, regardless of mental capacity.
- H. Participating in any sporting event for pay or prize money.
- I. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
- J. Alcoholism, drug abuse, or chemical dependency.

8. **OPTIONAL RIDER AVAILABLE** - Additional coverage may be purchased under the following optional rider:

257A - Return of Premium Rider: During the Return of Premium Period, the sum equal to one hundred percent (100%) of the premiums paid, less any claims incurred during that period will be returned. A Return of Premium Period is equal to twenty (20) consecutive years that the Policy is in force. The Rider will end after the Maturity Date is reached, or when the Policy ends.

9. **PREMIUM (At time of application):**

Applicant

BASIC COVERAGE PREMIUM

\$ _____ per _____

☐ Additional Premium for Return of Premium Rider 257A

\$ _____ per _____

TOTAL PREMIUM

\$ _____ per _____

APPLICATION FOR HEALTH INSURANCE TO

BANKERS LIFE AND CASUALTY COMPANY("The Company")
600 West Chicago Ave, Chicago, IL 60654-2800

1. Policy Information (PLEASE CLEARLY PRINT ALL INFORMATION)

FORM NUMBER:

- ☐ **GR-G220:** Lump Sum Critical Illness Policy - **Cancer Only**
☐ **GR-G222:** Lump Sum Critical Illness Policy - **Heart/Stroke/End Stage Renal Failure**
☐ **GR-G224:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure**

POLICY OPTIONS

Lump Sum Benefit: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ \$60,000 ☐ \$70,000

RIDER OPTIONS

Return of Premium Rider: ☐ 257A

Request for Special Issue Date (mm-dd-yy) _____ - _____ - 20 _____

2. Personal Information of Person to be Insured

Applicant's First Name _____ M.I. _____ Last Name _____ Suffix _____
Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced _____ - _____ - _____
Social Security Number _____
Date of birth (mm-dd-yyyy) _____ Age _____ Height (Feet and Inches) _____ Weight (Pounds) _____

3. Contact Information

Home Address _____
City/Town _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
E-mail Address _____
Billing Address (if different than home address) _____
City/Town _____ State _____ Zip Code _____

4. Post-Issue: Policy Number _____

- ☐ Exchange ☐ Reinstatement ☐ Upgrade Amount \$ _____ ☐ Downgrade Amount \$ _____
☐ Other _____

5. Qualifying Information

Except for Question 5a., if you answer "Yes" to any of the other applicable questions in Section 5, (b. through h.), you are not eligible for this coverage.

Complete for All Coverage:

YES NO

- a. Within the last 10 years, have you used any tobacco products? ☐ YES ☐ NO
- b. Within the last 10 years, have you been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ YES ☐ NO
- c. In the past 2 years, has a member of the medical profession advised you to have a diagnostic test, surgical procedure or other treatment, including hospitalization, that has not yet been performed or completed, or have you completed a diagnostic test and have not yet received the results? ☐ YES ☐ NO

Complete for Cancer Coverage (GR-G220, GR-G224):

- d. Within the last 5 years, have you been treated for or diagnosed with any of the following conditions: Any malignancy including, but not limited to carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, or other malignant tumor; chronic liver disease, including but not limited to cirrhosis and hepatitis B or C; chronic lung disease, including but not limited to chronic obstructive pulmonary disease (COPD)? ☐ YES ☐ NO
- e. Within the last 5 years, has a member of the medical profession advised you to have an examination, diagnostic test, biopsy, or consultation that was NOT completed, the results of which have NOT been received, or the results of which were abnormal and no follow-up or treatment has occurred for any of the following reasons or conditions:
- to determine or to rule out the presence of cancer ☐ YES ☐ NO
 - skin lesion such as a cyst, lump, mole or ulcer ☐ YES ☐ NO
 - elevated PSA level or an abnormal prostate exam ☐ YES ☐ NO
 - thyroid nodule or an enlarged thyroid gland ☐ YES ☐ NO
- f. Within the last 6 months, have you had a skin lesion such as a cyst, lump, mole, freckle, or ulcer that has bled, become painful, changed color, or increased in size? ☐ YES ☐ NO

Complete for Heart/Stroke/End Stage Renal Failure Coverage (GR-G222, GR-G224):

- g. Within the last 5 years, have you been treated for or diagnosed for the following conditions: heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia? ☐ YES ☐ NO
- h. Within the past 6 months, have You had a blood pressure reading of greater than 150 systolic or 95 diastolic? ☐ YES ☐ NO

6. Replacement of Existing Coverage

Will any existing ☐ Life, ☐ Health, ☐ Accident & Sickness, ☐ Disability Income or ☐ Annuity Contract(s) be replaced or changed if a proposed policy or certificate is issued? If "Yes," please give details below:

YES NO

☐ YES ☐ NO

Company

Policy Number

End Date (mm-dd-yy)

Company	Policy Number	End Date (mm-dd-yy)
_____	_____	____ - ____ - 20 ____
_____	_____	____ - ____ - 20 ____

7. Health Insurance In Force

Do you have other insurance which pays a lump sum benefit for a critical illness ?

☐ YES ☐ NO If "Yes," please give details below:

Company

Type of Insurance

Lump Sum Amounts

Company	Type of Insurance	Lump Sum Amounts
_____	_____	\$ _____ . _____
_____	_____	\$ _____ . _____

8. Remarks:

9. Applicant's Acknowledgment of Notices

The applicant has received and acknowledges receipt of the following forms:

- Outline of Coverage
- Notice About Insurance Information Practices and the Privacy Protection Act
- "The Guide to Health Insurance for People with Medicare" (if eligible for Medicare)
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)
- Authorization for Underwriting Purposes

10. Signatures

I certify that the statements contained in the application concerning past and present health are complete, true and correct.

THIS POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY. No proposed insured to be covered under this policy is also covered under Title XIX program, such as Medicaid.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.

Dated at City/Town _____ State _____ Zip Code _____

This _____ Day of _____ 20 _____

Signature of Applicant

X

I have witnessed the signature of the Applicant. I certify that I asked all the applicable questions and truly and accurately recorded the answers contained herein. I certify that the Applicant has read the completed application or had it read to him or her. To the best of my knowledge and belief, except as may be stated by the Applicant's response to Question 6, the insurance applied for is not or is not likely to replace or change any existing policy(ies) or contract(s).

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICATION FOR HEALTH INSURANCE TO

BANKERS LIFE AND CASUALTY COMPANY("The Company")
600 West Chicago Ave, Chicago, IL 60654-2800

1. Policy Information

(PLEASE CLEARLY PRINT ALL INFORMATION)

FORM NUMBER:

- ☐ **GR-G220:** Lump Sum Critical Illness Policy - **Cancer Only**
☐ **GR-G222:** Lump Sum Critical Illness Policy - **Heart/Stroke/End Stage Renal Failure**
☐ **GR-G224:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure**
☐ **GR-G226:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure And Other Specified Critical Illness**

POLICY OPTIONS

Lump Sum Benefit: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ \$60,000 ☐ \$70,000

RIDER OPTIONS

Return of Premium Rider: ☐ 257A

Request for Special Issue Date (mm-dd-yy) _____ - _____ - 20 _____

2. Personal Information of Person to be Insured

Applicant's First Name _____ M.I. _____ Last Name _____ Suffix _____
Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced _____ - _____ - _____
Social Security Number
_____ - _____ - _____
Date of birth (mm-dd-yyyy) _____ Age _____ Height (Feet and Inches) _____ Weight (Pounds) _____

3. Contact Information

Home Address _____
City/Town _____ State _____ Zip Code _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
E-mail Address _____
Billing Address (if different than home address) _____
City/Town _____ State _____ Zip Code _____

4. Post-Issue: Policy Number _____

- ☐ Exchange ☐ Reinstatement ☐ Upgrade Amount \$ _____ ☐ Downgrade \$ _____
☐ Other _____

5. Qualifying Information

Except for Question 5a., if you answer "Yes" to any of the other applicable questions in Section 5, (b. through l.), you are not eligible for this coverage.

Complete for All Coverage:

YES NO

- a. Within the last 10 years, have you used any tobacco products? ☐ YES ☐ NO
- b. Within the last 10 years, have you been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ YES ☐ NO
- c. In the past 2 years, has a member of the medical profession advised you to have a diagnostic test, surgical procedure or other treatment, including hospitalization, that has not yet been performed or completed, or have you completed a diagnostic test and have not yet received the results? ☐ YES ☐ NO

Complete for Cancer Coverage (GR-G220, GR-G224, GR-G226):

- d. Within the last 5 years, have you been treated for or diagnosed with any of the following conditions: Any malignancy including, but not limited to carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, or other malignant tumor; chronic liver disease, including but not limited to cirrhosis and hepatitis B or C; chronic lung disease, including but not limited to chronic obstructive pulmonary disease (COPD)? ☐ YES ☐ NO
- e. Within the last 5 years, has a member of the medical profession advised you to have an examination, diagnostic test, biopsy, or consultation that was NOT completed, the results of which have NOT been received, or the results of which were abnormal and no follow-up or treatment has occurred for any of the following reasons or conditions:
- to determine or to rule out the presence of cancer ☐ YES ☐ NO
 - skin lesion such as a cyst, lump, mole or ulcer ☐ YES ☐ NO
 - elevated PSA level or an abnormal prostate exam ☐ YES ☐ NO
 - thyroid nodule or an enlarged thyroid gland ☐ YES ☐ NO
- f. Within the last 6 months, have you had a skin lesion such as a cyst, lump, mole, freckle, or ulcer that has bled, become painful, changed color, or increased in size? ☐ YES ☐ NO

Complete for Heart/Stroke/End Stage Renal Failure Coverage (GR-G222, GR-G224, GR-G226):

- g. Within the last 5 years, have you been treated for or diagnosed for the following conditions: heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia? ☐ YES ☐ NO
- h. Within the past 6 months, have You had a blood pressure reading of greater than 150 systolic or 95 diastolic? ☐ YES ☐ NO

Complete for Other Specified Critical Illness Coverage (GR-G226):

- i. Within the last 5 years, have you been required to or had an organ transplant, if any type of transplant has been recommended or suggested as a possible treatment? ☐ YES ☐ NO
- j. Within the last 5 years, have you been treated for or diagnosed as having kidney disease, Hepatitis, liver disease, or cirrhosis of the liver? ☐ YES ☐ NO
- k. Do you currently have any form of paralysis? ☐ YES ☐ NO
- l. Does your current vision meet the threshold of blindness defined as clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with sight in the better eye reduced to a best corrected visual acuity of less than 20/200 (Snellen or E-Chart Acuity) or 6/60 (Metric Acuity)? ☐ YES ☐ NO

6. Replacement of Existing Coverage

Will any existing ☐ Life, ☐ Health, ☐ Accident & Sickness, ☐ Disability Income or ☐ Annuity Contract(s) be replaced or changed if a proposed policy or certificate is issued? If "Yes," please give details below:

YES NO
☐ ☐

Company

Policy Number

End Date (mm-dd-yy)

_____	_____	_____ - _____ - 20 _____
_____	_____	_____ - _____ - 20 _____

7. Health Insurance In Force

Do you have other insurance which pays a lump sum benefit for a critical illness ?

☐ **YES** ☐ **NO** If "Yes," please give details below:

Company	Type of Insurance	Lump Sum Amounts
_____	_____	\$ _____ . _____
_____	_____	\$ _____ . _____

8. Remarks:**9. Applicant's Acknowledgment of Notices**

The applicant has received and acknowledges receipt of the following forms:

- Outline of Coverage
- Notice About Insurance Information Practices and the Privacy Protection Act
- "The Guide to Health Insurance for People with Medicare" (if eligible for Medicare)
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)
- Authorization for Underwriting Purposes

10. Signatures

I certify that the statements contained in the application concerning past and present health are complete, true and correct.

THIS POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY. No proposed insured to be covered under this policy is also covered under Title XIX program, such as Medicaid.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.

Dated at City/Town _____ State _____ Zip Code _____

This _____ Day of _____ 20 _____

Signature of Applicant

X

I have witnessed the signature of the Applicant. I certify that I asked all the applicable questions and truly and accurately recorded the answers contained herein. I certify that the Applicant has read the completed application or had it read to him or her. To the best of my knowledge and belief, except as may be stated by the Applicant's response to Question 6, the insurance applied for is not or is not likely to replace or change any existing policy(ies) or contract(s).

Signature of Licensed Resident Agent

X

Agent No. _____ %

Branch Office Number _____

Agent No. _____ %

Signature of Licensed Resident Agent

X

Branch Office Number _____

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE _____

This Rider is a part of the Policy to which it's attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on the Issue Date shown in the Schedule.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to any of Our agents. We will then refund to You the premium paid and this Rider will be void.

DEFINITIONS

Return of Premium Period means twenty (20) years from the Rider Effective Date.

Maturity Date means the date on which the Return of Premium Period ends and You become entitled to the Return of Premium Benefit provided by this Rider.

If You allow the Policy to terminate and it is later reinstated, then the Maturity Date will be deferred by the period of time that the Policy was inactive.

RETURN OF PREMIUM BENEFIT

We will pay this benefit if You keep Your Policy and this Rider in force until the Maturity Date. You do not need to surrender Your Policy and this Rider at the Maturity Date to receive this benefit.

The benefit amount is equal to the sum of one hundred percent (100%) of the premiums paid for this Rider, the Policy and any other attached benefit riders during the Return of Premium Period, minus any claims incurred during the Return of Premium Period.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. You may continue this Rider in the same way You continue the Policy to which it is attached.

We may change the premium rates for this Rider in the same way that premium rates may change for the Policy to which it is attached.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefits under this Rider.

TERMINATION OF RIDER

This Rider will end on the Maturity Date or on the date the Policy ends, whichever date is earlier.

CONDITIONS

This Rider is subject to all of the terms, conditions, Limitations and Exclusions of the Policy except where changed by this Rider.

BANKERS LIFE AND CASUALTY COMPANY


Secretary

SERFF Tracking Number:	BNLA-127917755	State:	Arkansas
Filing Company:	Bankers Life and Casualty Company	State Tracking Number:	50552
Company Tracking Number:	GR-G220 ET AL		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Lump Sum Critical Illness		
Project Name/Number:	Lump Sum Critical Illness/GR-G220 et. al.		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/04/2012	GR-G220 ET AL Rates	GR-G220, GR-G222, GR-G224, GR-G226 & 257A	New		AR_rates.pdf

**BANKERS LIFE AND CASUALTY COMPANY
INDIVIDUAL CRITICAL ILLNESS
ANNUAL RATES PER \$10,000 LUMP SUM**

GR-G220 ICI - Cancer			
<u>Base Plan</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 72.11	\$ 106.57	
40 - 44	\$ 101.78	\$ 150.41	
45 - 49	\$ 136.14	\$ 201.18	
50 - 54	\$ 176.60	\$ 260.97	
55 - 59	\$ 222.52	\$ 328.83	
60 - 64	\$ 269.87	\$ 398.80	
65 - 69	\$ 305.25	\$ 451.09	
70 - 74	\$ 333.08	\$ 492.22	
75 - 79	\$ 352.34	\$ 520.68	
80 - 85	\$ 362.73	\$ 536.04	
<u>With Return of Premium Rider 257A</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 137.01	\$ 202.47	
40 - 44	\$ 193.39	\$ 285.78	
45 - 49	\$ 258.66	\$ 382.24	
50 - 54	\$ 326.70	\$ 482.80	
55 - 59	\$ 389.41	\$ 575.46	
60 - 64	\$ 445.28	\$ 658.02	
65 - 69	\$ 442.61	\$ 654.08	
70 - 75	\$ 449.66	\$ 664.50	

GR-G222 ICI - Heart/Stroke, End Stage Renal Failure			
<u>Base Plan</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 55.95	\$ 90.22	
40 - 44	\$ 82.92	\$ 134.75	
45 - 49	\$ 113.45	\$ 184.78	
50 - 54	\$ 145.60	\$ 236.53	
55 - 59	\$ 178.66	\$ 290.77	
60 - 64	\$ 210.73	\$ 345.46	
65 - 69	\$ 237.32	\$ 391.01	
70 - 74	\$ 267.28	\$ 437.47	
75 - 79	\$ 292.48	\$ 474.16	
80 - 85	\$ 315.37	\$ 507.28	
<u>With Return of Premium Rider 257A</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 106.31	\$ 171.41	
40 - 44	\$ 157.55	\$ 256.02	
45 - 49	\$ 215.56	\$ 351.09	
50 - 54	\$ 269.37	\$ 437.58	
55 - 59	\$ 312.65	\$ 508.85	
60 - 64	\$ 347.70	\$ 570.02	
65 - 69	\$ 344.12	\$ 566.96	
70 - 75	\$ 360.83	\$ 590.59	

GR-G224 ICI - Cancer; Heart/Stroke, End Stage Renal Failure			
<u>Base Plan</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 124.22	\$ 190.88	
40 - 44	\$ 179.16	\$ 276.61	
45 - 49	\$ 242.10	\$ 374.39	
50 - 54	\$ 312.54	\$ 482.58	
55 - 59	\$ 389.14	\$ 601.02	
60 - 64	\$ 466.18	\$ 721.94	
65 - 69	\$ 526.30	\$ 816.84	
70 - 74	\$ 582.35	\$ 901.80	
75 - 79	\$ 625.48	\$ 965.00	
80 - 85	\$ 657.76	\$ 1,012.02	
<u>With Return of Premium Rider 257A</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 236.02	\$ 362.67	
40 - 44	\$ 340.41	\$ 525.55	
45 - 49	\$ 460.00	\$ 711.33	
50 - 54	\$ 578.19	\$ 892.77	
55 - 59	\$ 680.99	\$ 1,051.78	
60 - 64	\$ 769.19	\$ 1,191.20	
65 - 69	\$ 763.13	\$ 1,184.41	
70 - 75	\$ 786.18	\$ 1,217.44	

GR-G226 ICI - Cancer; Heart/Stroke, End Stage Renal Failure; Other			
<u>Base Plan</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 132.25	\$ 199.61	
40 - 44	\$ 187.94	\$ 286.28	
45 - 49	\$ 251.98	\$ 385.33	
50 - 54	\$ 324.07	\$ 495.35	
55 - 59	\$ 402.70	\$ 615.81	
60 - 64	\$ 482.63	\$ 739.29	
65 - 69	\$ 546.25	\$ 837.21	
70 - 74	\$ 616.69	\$ 936.45	
75 - 79	\$ 675.68	\$ 1,015.51	
80 - 85	\$ 713.46	\$ 1,068.03	
<u>With Return of Premium Rider 257A</u>			
<u>Issue Ages</u>	<u>Non Tobacco</u>	<u>Tobacco</u>	
18 - 39	\$ 251.27	\$ 379.25	
40 - 44	\$ 357.09	\$ 543.94	
45 - 49	\$ 478.76	\$ 732.12	
50 - 54	\$ 599.53	\$ 916.39	
55 - 59	\$ 704.72	\$ 1,077.67	
60 - 64	\$ 796.34	\$ 1,219.84	
65 - 69	\$ 792.06	\$ 1,213.95	
70 - 75	\$ 832.53	\$ 1,264.21	

Total policy premium must be greater than or equal to \$15.00/month.

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:
0.08583 for Monthly Bank Draft/Payroll Deduction
0.515 for Semi-Annual
0.2625 for Quarterly
0.09167 for Renewal Direct Bill

SERFF Tracking Number: BNLA-127917755 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552
 Company Tracking Number: GR-G220 ET AL
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Lump Sum Critical Illness
 Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	01/04/2012
Comments:		
Attachments:		
AR Cert of Compliance.pdf		
READABILITY CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	01/04/2012
Comments:		
The applications have been attached to the Forms Tab for your review.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved	01/04/2012
Comments:		
Attachment:		
AR_actmemo_ROP.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved	01/04/2012
Comments:		
Outlines of Coverage have been attached to the Forms Tab.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved	01/04/2012
Comments:		

<i>SERFF Tracking Number:</i>	<i>BNLA-127917755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>50552</i>
<i>Company Tracking Number:</i>	<i>GR-G220 ET AL</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Lump Sum Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Lump Sum Critical Illness/GR-G220 et. al.</i>		

Attachment:
STD SOV.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Bankers Life and Casualty Company

Form GR-G220, GR-G222, GR-G224, GR-G226, 18443, 18443-OTH, 18446,
Number(s): 18447, 18448, 18449, 257A

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Mathias E Brown

Name

Senior Director and Assistant Secretary

Title

12-12-2011

Date

READABILITY CERTIFICATION

Company Name: Bankers Life and Casualty Company

NAIC Number: 233-61263

As an officer of Bankers Life and Casualty Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
Policy Forms		
53.60	GR-G220	Lump Sum Critical Illness Policy - Cancer Only
50.08	GR-G222	Lump Sum Critical Illness Policy - Heart/Stroke/End State Renal Failure
50.27	GR-G224	Lump Sum Critical Illness Policy - Cancer/Heart/Stroke/End State Renal Failure
50.25	GR-G226	Lump Sum Critical Illness Policy - Cancer/Heart/Stroke, End Stage Renal Failure; Other Critical Illnesses
Related Outlines of Coverage		
50.02	18446	Outline of Coverage for GR-G220
50.12	18447	Outline of Coverage for GR-G222
50.53	18448	Outline of Coverage for GR-G224
50.69	18449	Outline of Coverage for GR-G226
Application		
50.00	18443	Application for Insurance
50.00	18443-OTH	Application for Insurance
Benefit Riders		
58.18	257A	Return of Premium Benefit Rider



Mathias Brown
Assistant Secretary

12/5/2011
DATE

Bankers Life and Casualty Company

STATEMENT OF VARIABILITY

Policy Forms

GR-G220: Lump Sum Critical Illness Policy - Cancer Only

GR-G222: Lump Sum Critical Illness Policy - Heart/Stroke/End State Renal Failure

GR-G224: Lump Sum Critical Illness Policy - Cancer/Heart/Stroke/End State Renal Failure

GR-G226: Lump Sum Critical Illness Policy - Cancer/Heart/Stroke, End Stage Renal Failure; Other Critical Illnesses

Application

18443 Application for Insurance

18443-OTH Application for Insurance

Benefit Rider

257A: Return of Premium Benefit Rider

Outlines of Coverage

18446: Outline of Coverage for GR-G220

18447: Outline of Coverage for GR-G222

18448: Outline of Coverage for GR-G224

18449: Outline of Coverage for GR-G226

December 7, 2011

The above Lump Sum Critical Illness Insurance forms are to be issued by Bankers Life and Casualty Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Bankers Life and Casualty Company on a non-discriminatory basis as described below.

Bracketed Item	Description
Policy Forms GR-G220, GR-G222, GR-G224 and GR-G226	
<i>Cover Page (Page 1)</i>	
Address	Current Company Address for Home Office
Telephone	Current telephone number
Name of Insured	Name of Insured for that particular issue
Policy Number	Policy Number for that particular issue
First Premium	Premium Amount for that particular issue
Issue Date	Issue Date for that particular issue
Next Premium Due Date	Next Premium Due Date for that particular issue - dependent on payment option elected
Secretary's Signature	Signature of current Secretary
Title	In the event the title of an officer signing the form changes. Any new title will be the title of an officer of the company.
President's Signature	Signature of current President
Title	In the event the title of an officer signing the form changes. Any new title will be the title of an officer of the company.

Page 2 - Schedule of Benefits	
Application No.	Application Number for the associated policy.
Name of Insured	Name of Insured for that particular issue
Policy Number	Policy Number for that particular issue
First Premium	Premium Amount for that particular issue
Issue Date	Issue Date for that particular issue
Next Premium Due Date	Next Premium Due Date for that particular issue - dependent on payment option elected
Waiting Period	Dependent on issue limits - will never be greater than 30 days.
Insured	Name of Insured for that particular issue
BirthDate	Date of Birth for the Insured
Age	Age of the insured based on last birthday
Plan No.	Plan code of base policy form
Lump Sum Benefit	Elected by the applicant - Range to be \$10,000 - \$70,000 in increments of \$10,000
Annual Premium	Annual Premium Amount for that plan code
Lump Sum Benefit Percentage Angioplasty Policy forms GR-G222, GR-G224 and GR-G226	The percentage of the Overall Lump Sum Benefit payable for the angioplasty benefit of the policy.
Lump Sum Benefit Percentage Dismemberment Policy form GR-G226	The percentage of the Overall Lump Sum Benefit payable for the dismember benefit of the policy.
Benefit Riders	Return of Premium Rider 257A
Plan No.	Plan code of base policy rider
Annual Premium	Annual premium of the optional benefit rider
Total Policy Annual Premium	Total premiums of the base policy form and optional benefit rider

Rider 257A

Bracketed Item	Description
Address	Current Company Address for Home and Administrative Office. Any change to the Company address will be submitted to the Department in an informational filing prior to use.
Secretary's Signature	Signature of current Secretary
Title	In the event the title of an officer signing the form changes. Any new title will be the title of an officer of the company.

Outlines of Coverage 18446, 18447, 18448 and 18449

Bracketed Item	Description
Address	Current Company Address for Home and Administrative Office. Any change to the Company address will be submitted to the Department in an informational filing prior to use.
Section 7 - Waiting Period	Dependent on issue limits - will never be greater than 30 days.

Applications 18443 and 18443-OTH

Bracketed Item	Description
Address	Current Company Address for Home and Administrative Office. Any change to the Company address will be submitted to the Department in an informational filing prior to use.
Section 1 Form Number Applied For	Variable by currently offered plans.
Section 1 Rider Option	Variable by currently offered riders.
Section 12. Applicant's Acknowledgment of Notices	This section is variable to allow for new or revised disclosure notices that might be needed for the product.

SERFF Tracking Number: BNLA-127917755 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 50552

Company Tracking Number: GR-G220 ET AL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Lump Sum Critical Illness

Project Name/Number: Lump Sum Critical Illness/GR-G220 et. al.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/21/2011	Form	Lump Sum Critical Illness Policy	01/04/2012	ICI GR-G224 Policy.pdf (Superseded)
12/21/2011	Form	Lump Sum Critical Illness Policy	01/04/2012	ICI GR-G220 Policy.pdf (Superseded)
12/21/2011	Form	Lump Sum Critical Illness Policy	01/04/2012	ICI GR-G222 Policy.pdf (Superseded)
12/21/2011	Form	Lump Sum Critical Illness Policy	01/04/2012	ICI GR-G226 Policy.pdf (Superseded)
12/21/2011	Form	Application	01/04/2012	18443 STD.pdf (Superseded)
12/21/2011	Form	Application	01/04/2012	18443-OTH STD.pdf (Superseded)

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G224 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

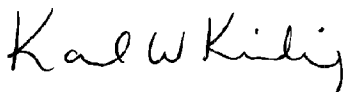
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE


If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 5
CATEGORY ONE: CANCER	3 - 4
CATEGORY TWO: HEART/STROKE; END STAGE RENAL FAILURE	4
CLAIM FORMS	6
CONSIDERATION	3
CONTINUATION OF COVERAGE	5
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	.3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	5
NOTICE OF CLAIM	6
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	6
REINSTATEMENT	6
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	5
UNIFORM PROVISIONS	5 - 6
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G224

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G224	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G224	[\$X,XXX.XX]

BIRTHDATE: [10/16/60] AGE [40]	CATEGORY ONE LUMP SUM BENEFIT: [\$XX,XXX.XX]
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CATEGORY TWO LUMP SUM BENEFIT: [\$XX,XXX.XX]

ANGIOPLASTY LUMP SUM PERCENTAGE: [25]%

CORONARY ARTERY BYPASS GRAFT (CABG) LUMP SUM PERCENTAGE: [25]%

BENEFIT RIDER:

[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
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TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]
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CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit once for each Category of Critical Illness under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once for each Category of Critical Illness while the Policy is in force. After We pay the Lump Sum Benefit for each Category of Critical Illness, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer, Heart/Stroke or End Stage Renal Failure.

Category One: Cancer

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Two: Heart/Stroke; End Stage Renal Failure

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft, Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than twenty-four (24) hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.
3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown on the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:
 - A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery; laser angioplasty, or atherectomy.
 - B) **Angioplasty** for the purposes of this Policy, means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.
4. **End Stage Renal Failure** for the purposes of this Policy means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly), or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

BENEFIT PROVISIONS (Continued)

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

CONTINUATION OF COVERAGE

If You collect a Lump Sum Benefit for a first-time diagnosed Critical Illness or procedure in one (1) Category, and You continue to pay premiums, You can collect the Lump Sum Benefit if diagnosed with a first-time Critical Illness or condition from the other remaining Category. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories. You may collect up to one hundred percent (100%) of the Lump Sum Benefit from each Category.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

UNIFORM PROVISIONS (Continued)

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G220 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

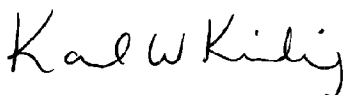
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE


If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER ONLY

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 4
CLAIM FORMS	5
CONSIDERATION	3
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	4
NOTICE OF CLAIM	5
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	5
REINSTATEMENT	5
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	4
UNIFORM PROVISIONS	4 - 5
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G220

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G220	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G220	[\$X,XXX.XX]
BIRTHDATE: [10/16/60] AGE [40]	LUMP SUM BENEFIT: [\$XX,XXX.XX]	
BENEFIT RIDER:		
[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]

CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for purposes of this Policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once while the Policy is in force. After We pay the Lump Sum Benefit, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer.

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

UNIFORM PROVISIONS (Continued)

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement, it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER ONLY

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G222 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

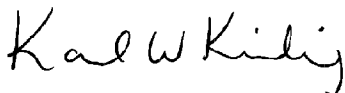
Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary



President



**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 4
CLAIM FORMS	5
CONSIDERATION	3
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	4
NOTICE OF CLAIM	5
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	5
REINSTATEMENT	5
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	4
UNIFORM PROVISIONS	4 - 5
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G222

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED	[DOE, JOHN J.]	[123,000,000]	POLICY NUMBER
FIRST PREMIUM	[\$X,XXX.XX]	[JANUARY 1, 2012]	ISSUE DATE
NEXT PREMIUM DUE DATE	[JANUARY 1, 2013]	GR-G222	POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G222	[\$X,XXX.XX]

BIRTHDATE: [10/16/60] [AGE 40]	LUMP SUM BENEFIT: [\$XX,XXX.XX]
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ANGIOPLASTY
LUMP SUM PERCENTAGE:
[25]%

CORONARY ARTERY BYPASS GRAFT (CABG)
LUMP SUM PERCENTAGE:
[25]%

BENEFIT RIDER:

[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	[\$XXX.XX]
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TOTAL POLICY ANNUAL PREMIUM	[\$X,XXX.XX]
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CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once while the Policy is in force. After We pay the Lump Sum Benefit, the Policy will terminate.

Critical Illness for the purposes of this Policy means Heart/Stroke or End Stage Renal Failure.

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft and Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than 24 hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.

BENEFIT PROVISIONS (Continued)

3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:

A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery, laser angioplasty or atherectomy.

B) **Angioplasty** for the purposes of this Policy, means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.

4. **End Stage Renal Failure** for the purposes of this Policy, means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly), or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

UNIFORM PROVISIONS (Continued)

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it occurs or as soon as reasonably possible. You may give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page 1 or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given to You within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must receive this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
HEART/STROKE/END STAGE RENAL FAILURE**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

NAME OF INSURED	POLICY NUMBER
FIRST PREMIUM	ISSUE DATE
NEXT PREMIUM DUE DATE	GR-G226 POLICY FORM

We, **Bankers Life and Casualty Company**, promise to pay You the benefits provided by this Policy. All benefits are subject to the definitions, provisions, limitations and exceptions as stated in the Policy.

GUARANTEED RENEWABLE FOR LIFE

We cannot cancel this Policy. As long as You pay the required premium, You have the right to continue this Policy for as long as you live or until all benefits have been provided under this policy. You must pay the premium on or before its due date or during the thirty-one (31) days that follow.

RIGHT TO CHANGE PREMIUM

We may change the premium rates for this Policy. We can change the premium only if We change it for all policies like Yours based on the state in which Your Policy was issued on a class basis. We will provide You with written notice of any change in the premium within the time required by the state of issue.

PRE-EXISTING MEDICAL CONDITIONS LIMITATION

We will not pay benefits for a Critical Illness resulting from a Pre-Existing Medical Condition unless the Critical Illness commences more than twelve (12) months after the Effective Date of coverage. Pre-Existing Medical Condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A Pre-Existing Medical Condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD

We will not pay any benefits for a Loss within the time shown in the Schedule following the Effective Date of this Policy. If a Loss occurs within the time shown in the Schedule and would otherwise be covered under this Policy, You have the option to return the Policy and receive a refund of all premiums paid.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will then refund to You any premium paid and this Policy will be void.

READ YOUR POLICY VERY CAREFULLY

This Policy is a legal contract between You and Us. See the "POLICY GUIDE" on Page 1A.

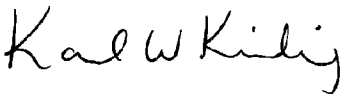
IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Please read the copy of the application, which is a part of this Policy. Check to see if any medical history requested has been left out or was misstated. Write Us if any information shown is not correct or complete. We issued this Policy on the basis that the answers to all questions are correct and complete. Any omission or incorrect statements could cause an otherwise valid claim to be denied.

NOTICE TO BUYER - THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare," which is available from the Company.

Signed by Our Secretary and President on its Issue Date:

Secretary  President 

INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY - CANCER/HEART/STROKE/END STAGE RENAL FAILURE AND OTHER SPECIFIED CRITICAL ILLNESS

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

POLICY GUIDE	PAGE
BENEFIT PROVISIONS	3 - 5
CATEGORY ONE: CANCER	3 - 4
CATEGORY TWO: HEART/STROKE; END STAGE RENAL FAILURE	4
CATEGORY THREE: OTHER SPECIFIED CRITICAL ILLNESS	5
CLAIM FORMS	7
CONSIDERATION	3
CONTINUATION OF COVERAGE	6
DEFINITIONS	3
EFFECTIVE DATE (ISSUE DATE)	3
GUARANTEED RENEWABLE	1
LIMITATIONS AND EXCLUSIONS	6
NOTICE OF CLAIM	7
PRE-EXISTING MEDICAL CONDITIONS LIMITATION	1
PROOF OF LOSS	7
REINSTATEMENT	6
RIGHT TO CHANGE PREMIUM	1
RIGHT TO RETURN POLICY	1
SCHEDULE	2
TIME LIMIT ON CERTAIN DEFENSES	6
UNIFORM PROVISIONS	6 - 7
WAITING PERIOD	1
WHEN COVERAGE ENDS	3

APPLICATION NO. 0000000G226

BANKERS LIFE AND CASUALTY COMPANY

SCHEDULE

NAME OF INSURED [DOE, JOHN J.] [123,000,000] POLICY NUMBER

FIRST PREMIUM \$[X,XXX.XX] [JANUARY 1, 2012] ISSUE DATE

NEXT PREMIUM DUE DATE [JANUARY 1, 2013] GR-G226 POLICY FORM

THE FOLLOWING LUMP SUM BENEFIT AMOUNT APPLIES TO THE INSURED PERSON SHOWN:

WAITING PERIOD: [30] DAYS

INSURED:	PLAN NO.	ANNUAL PREMIUM
[DOE, JOHN J.] [MALE]	G226	\$[X,XXX.XX]

BIRTHDATE: [10/16/60] AGE [40]	CATEGORY ONE LUMP SUM BENEFIT: \$[XX,XXX.X]
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CATEGORY TWO LUMP SUM BENEFIT: \$[XX,XXX.XX]

ANGIOPLASTY LUMP SUM PERCENTAGE: [25]%

CORONARYARTERY BYPASS GRAFT (CABG) LUMP SUM PERCENTAGE: [25]%

CATEGORY THREE LUMP SUM BENEFIT: \$[XX,XXX.XX]

DISMEMBERMENT LUMP SUM PERCENTAGE: [25]%

BENEFIT RIDER:

[RETURN OF PREMIUM BENEFIT RIDER]	[257A]	\$[XXX.XX]
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TOTAL POLICY ANNUAL PREMIUM	\$[X,XXX.XX]
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CONSIDERATION

We issued this Policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep this Policy in force until the Next Premium Due Date. The Next Premium Due Date and First Premium are shown in the Schedule.

EFFECTIVE DATE

This Policy begins at 12:01 A.M. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the Grace Period, at 12:01 A.M. Standard Time where You live on the date any Premium is due and not paid or on or after the date We are notified by You to end this coverage.

DEFINITIONS

Immediate Family Member means You, Your spouse, or child(ren); sister, brother or parent of You or Your spouse.

Loss for the purposes of this policy means You being diagnosed as having a Critical Illness.

Lump Sum Benefit means the amount shown in the Schedule that We will pay when You are diagnosed for the first time as having a Critical Illness.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license. It does not include an Immediate Family Member.

We, Us, Our, Company means Bankers Life and Casualty Company.

You, Your, Yourself, Insured means the person named as Insured in the Schedule.

BENEFIT PROVISIONS

Subject to the Pre-Existing Medical Conditions Limitation, Limitations and Exclusions and all other Policy provisions, We will pay the Lump Sum Benefit once for each Category of Critical Illness under this Policy as shown in the Schedule if You suffer a Loss and:

1. The Loss occurs after the Waiting Period;
2. The Loss occurs while the Policy is in force; and
3. The Loss is not specifically excluded by the Policy.

We will only pay the Lump Sum Benefit once for each Category of Critical Illness while the Policy is in force. After We pay the Lump Sum Benefit for each Category of Critical Illness, the Policy will terminate.

Critical Illness for the purposes of this Policy means Cancer, Heart/Stroke, End Stage Renal Failure and Other Specified Critical Illnesses.

Category One: Cancer

Cancer, for the purposes of this Policy, means a disease which expresses itself as:

1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. The invasion of body tissue by such malignant cells;
3. Leukemia; or
4. Hodgkin's disease.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions. It also does not include non-melanoma skin cancers.

For Cancer benefits to be payable, Cancer must be diagnosed in one (1) of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, the American Osteopathic College of Pathologists, or a similar recognized institution.

BENEFIT PROVISIONS (Continued)

2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the assessment of symptoms, results of laboratory tests, and radiologic scans in the absence of a pathologic tissue diagnosis. We will accept a clinical diagnosis only when the medical evidence supports the diagnosis, a pathological diagnosis is detrimental to Your health, and when a Physician is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermopathology.

For the purposes of this Policy, the date of diagnosis is the earlier of the dates of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Two: Heart/Stroke; End Stage Renal Failure

For the purposes of this Policy Heart/Stroke includes Heart Attack, Stroke, Coronary Artery Bypass Graft, Angioplasty.

1. **Heart Attack** for the purposes of this Policy means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle. For a Heart Attack benefit to be payable, the heart attack must be diagnosed by a Physician through clinical findings with corroborating electrocardiographic findings, cardiac enzyme elevations, a cardiac perfusion scan indicating a fixed perfusion defect, or a resting echocardiogram indicating a characteristic wall motion abnormality. A diagnosis of Cardiac Arrest does not by itself indicate a diagnosis of a Heart Attack.
2. **Stroke** for the purposes of this Policy means a cerebrovascular accident that causes a neurologic deficit lasting more than twenty-four (24) hours. A cerebrovascular accident occurs when the blood supply to the brain is severely reduced, commonly due to a blockage in one (1) of the carotid arteries, a blood clot in the brain, or hemorrhage in the brain, resulting in loss of speech, paralysis, or paresis. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency. For a Stroke benefit to be payable the Stroke must be diagnosed by a Physician based on clinical findings with corroboration from an electroencephalogram, radiologic imaging tests, or blood flow tests.
3. **Coronary Artery Bypass Graft (CABG); Angioplasty:** Lump Sum Benefits for CABG and Angioplasty will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for CABG or Angioplasty:
 - A) **Coronary Artery Bypass Graft (CABG)** for the purposes of this Policy means a surgical procedure to bypass one (1) or more narrowed or blocked coronary arteries utilizing venous or arterial grafts. CABG surgery does not include per cutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries). It also does not include procedures that do not require median sternotomy, such as minimally invasive, endoscopic, and "keyhole" heart surgery, laser angioplasty, or atherectomy.
 - B) **Angioplasty** for the purposes of this Policy means a percutaneous transluminal coronary angioplasty (PTCA) that is deemed medically necessary to correct a narrowing or blockage of one (1) or more coronary arteries. Other surgical or non-surgical techniques such as laser angioplasty or other intra-arterial procedures are excluded.
4. **End Stage Renal Failure** for the purposes of this Policy means the chronic, irreversible failure of Your kidneys to function. The severity of the kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplant. For a Renal Failure benefit to be payable, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

BENEFIT PROVISIONS (Continued)

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

Category Three: Other Specified Critical Illness

For the purposes of this Policy Other Specified Critical Illness includes Coma, Major Organ Transplant, Paralysis, Blindness, Severe Burns and Dismemberment.

1. **Coma** for the purposes of this Policy means a condition resulting from a traumatic brain injury that is not medically induced and results in a continuous state of unconsciousness from which you cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes (e.g. a Glasgow Coma Scale score of eight (8) or less), and has persisted continuously for fourteen (14) days. The condition must require intubation for respiratory assistance. Comas due to metabolic or circulatory derangements, in the absence of a traumatic brain injury, are excluded.
2. **Major Organ Transplant** for the purposes of this Policy means a clinical diagnosis of organ failure of a kidney, liver, lung, heart, or pancreas of such severity that the physician recommends that the insured undergo transplant surgery, or results in the Insured being placed on the United Network of Organ Sharing (UNOS) transplant list, or a similar state-recognized list, for the organ that has failed. If the insured is on the UNOS list for a combined transplant, only one (1) benefit will be paid. If the Insured is determined by the physician to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived.
3. **Paralysis** for the purposes of this Policy means the complete and permanent Loss of use of two (2) or more limbs through neurological injury for a continuous period of at least one hundred eighty (180) days. Limb is defined as a complete arm or leg. Paralysis due to a stroke will be covered under the stroke benefit.
4. **Blindness** for the purposes of this Policy means clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with:
 - A) Sight in the better eye reduced to a best corrected visual acuity of less than 20/200 (Snellen or E-Chart Acuity) or 6/60 (Metric Acuity) or
 - B) Visual field restriction to twenty (20) degrees or less in both eyes.
5. **Severe Burns** for the purposes of this Policy means third degree burns covering at least twenty percent (20%) of the surface area of the body. Third degree burns extend through the entire thickness of the skin and may or may not involve the underlying tissue.
6. **Dismemberment:** Lump Sum Benefits for Dismemberment will be paid as a percentage of the Lump Sum Benefit as shown in the Schedule. The Lump Sum Benefit for the other Critical Illness in this Category will then be reduced by any benefits paid for Dismemberment.

Dismemberment for the purposes of this Policy means the complete amputation or total and irrevocable loss of use of two (2) or more of the following:

- A) The hand, through or above the wrist joint, and/or
- B) The foot, through or above the ankle joint.

Benefits are not payable under both Dismemberment and Paralysis for the same event.

For the purposes of this Policy, the date of diagnosis for a Critical Illness in this category is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You. If the diagnosis is not made until after Your death, the date of diagnosis will be the date of Your death.

CONTINUATION OF COVERAGE

If You collect a Lump Sum Benefit for a first-time diagnosed Critical Illness or procedure in one (1) category, and You continue to pay premiums, You can collect the Lump Sum Benefit if diagnosed with a first-time Critical Illness or condition from the other remaining categories. There must be at least one hundred eighty (180) days between the dates of diagnosis across categories. You may collect up to one hundred percent (100%) of the Lump Sum Benefit from each of the three categories.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by or resulting from Your:

1. Having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified Critical Illness.
2. Being diagnosed with a Critical Illness during the Waiting Period.
3. Having a Pre-Existing Medical Condition subject to the Pre-Existing Medical Conditions Limitation clause on Page 1 of this Policy.
4. Participating or attempting to participate in an illegal act, or working at an illegal job.
5. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.
6. Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.
7. Committing or attempting to commit suicide, regardless of mental capacity.
8. Participating in any sporting event for pay or prize money.
9. Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.
10. Alcoholism, drug abuse, or chemical dependency.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: The entire contract of insurance is: (a) the Policy; (b) the attached application; (c) any supplemental application made a part of the Policy; and (d) any endorsements or riders attached to the Policy. No change in this Policy will be effective until approved by one (1) of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Issue Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy will be used to void the Policy or to deny a claim for Loss incurred commencing after the expiration of the two (2) year period.

MISSTATEMENT OF AGE: If Your age has been misstated, the Policy benefits will be those the premium paid would have purchased for the correct age. The premium rate will be based on Our rates on the Issue Date.

GRACE PERIOD: This Policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the next thirty-one (31) days that follow. During the grace period this Policy will stay in force.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of a premium by Us or by any agent duly authorized by Us to accept such premiums, without requiring an application for reinstatement, will reinstate this Policy.

If We require an application for reinstatement it must be submitted to Us. Reinstatement of the Policy is subject to approval by Us.

A reinstated Policy will cover only Loss which occurs after the date of reinstatement. A ten (10) day waiting period following the date of reinstatement applies. If You suffer a Loss during the ten (10) day waiting period following a reinstatement, the reinstatement will be void and any money paid will be returned to You. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

UNIFORM PROVISIONS (Continued)

NOTICE OF CLAIM: We must receive written notice of a claim within sixty (60) days after it starts or as soon as reasonably possible. You must give the notice or You may have someone do it for You. The notice should give Your name and Policy number as shown in the Schedule. The notice can be given to Us at Our Administrative Office address shown on Page One (1) or to any of Our agents.

CLAIM FORMS: When We receive Notice Of Claim, We will send any forms needed for filing Proof Of Loss. If these forms are not given within fifteen (15) days, You will meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the Loss. We must get this statement within the time limit stated in the Proof Of Loss section.

PROOF OF LOSS: Written proof of Loss must be given to Us within ninety (90) days after such Loss. If it was not reasonably possible for You to give Us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss.

PAYMENT OF CLAIMS: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate.

PHYSICAL EXAMINATION AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have an autopsy performed unless prohibited by law.

LEGAL ACTION: No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

OTHER INSURANCE WITH US: You may have coverage under only one (1) Policy of this form or like form with Us at any one time. If through error, We issue You more than one (1) such Policy, You can select the one (1) Policy that is to remain in effect. In the event of death, this selection will be made by Your estate. We will return all premiums paid, less any claim benefits that We paid, for the Policy that does not remain in effect.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Issue Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where You signed the initial application for this Policy, exclusive of such state's choice of laws provisions.

**INDIVIDUAL LUMP SUM CRITICAL ILLNESS POLICY -
CANCER/HEART/STROKE/END STAGE RENAL FAILURE AND
OTHER SPECIFIED CRITICAL ILLNESS**

THIS IS A LIMITED POLICY - READ IT CAREFULLY!

APPLICATION FOR HEALTH INSURANCE TO

BANKERS LIFE AND CASUALTY COMPANY("The Company")
600 West Chicago Ave, Chicago, IL 60654-2800

1. Policy Information (PLEASE CLEARLY PRINT ALL INFORMATION)

FORM NUMBER:

- ☐ **GR-G220:** Lump Sum Critical Illness Policy - **Cancer Only**
☐ **GR-G222:** Lump Sum Critical Illness Policy - **Heart/Stroke/End Stage Renal Failure**
☐ **GR-G224:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure**

POLICY OPTIONS

Lump Sum Benefit: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ \$60,000 ☐ \$70,000

RIDER OPTIONS

Return of Premium Rider: ☐ 257A

Request for Special Issue Date (mm-dd-yy) _____ - _____ - 20 _____

2. Personal Information of Person to be Insured

Applicant's First Name _____ M.I. _____ Last Name _____ Suffix _____
Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced _____
_____, _____ Social Security Number _____
_____, _____
Date of birth (mm-dd-yyyy) _____ Age _____ Height (Feet and Inches) _____ Weight (Pounds) _____

3. Contact Information

Home Address _____

City/Town _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____

Billing Address (if different than home address) _____

City/Town _____ State _____ Zip Code _____

4. Post-Issue: Policy Number _____

- ☐ Exchange ☐ Reinstatement ☐ Upgrade Amount \$ _____ ☐ Downgrade Amount \$ _____
☐ Other _____

5. Qualifying Information

Except for Question 5a., if you answer "Yes" to any of the other applicable questions in Section 5, (b. through h.), you are not eligible for this coverage.

Complete for All Coverage:

YES NO

- a. Within the last 10 years, have you used any tobacco products? ☐ YES ☐ NO
- b. Within the last 10 years, have you been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ YES ☐ NO
- c. In the past 2 years, has a member of the medical profession advised you to have a diagnostic test, surgical procedure or other treatment, including hospitalization, that has not yet been performed or completed, or have you completed a diagnostic test and have not yet received the results? ☐ YES ☐ NO

Complete for Cancer Coverage (GR-G220, GR-G224):

- d. Within the last 5 years, have you been treated for or diagnosed with any of the following conditions: Any malignancy including, but not limited to carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, or other malignant tumor; chronic liver disease, including but not limited to cirrhosis and hepatitis B or C; chronic lung disease, including but not limited to chronic obstructive pulmonary disease (COPD)? ☐ YES ☐ NO
- e. Within the last 5 years, has a member of the medical profession advised you to have an examination, diagnostic test, biopsy, or consultation that was NOT completed, the results of which have NOT been received, or the results of which were abnormal and no follow-up or treatment has occurred for any of the following reasons or conditions:
- to determine or to rule out the presence of cancer ☐ YES ☐ NO
 - skin lesion such as a cyst, lump, mole or ulcer ☐ YES ☐ NO
 - elevated PSA level or an abnormal prostate exam ☐ YES ☐ NO
 - thyroid nodule or an enlarged thyroid gland ☐ YES ☐ NO
- f. Within the last 6 months, have you had a skin lesion such as a cyst, lump, mole, freckle, or ulcer that has bled, become painful, changed color, or increased in size? ☐ YES ☐ NO

Complete for Heart/Stroke/End Stage Renal Failure Coverage (GR-G222, GR-G224):

- g. Within the last 5 years, have you been treated for or diagnosed for the following conditions: heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia? ☐ YES ☐ NO
- h. Within the past 6 months, have You had a blood pressure reading of greater than 150 systolic or 95 diastolic? ☐ YES ☐ NO

6. Replacement of Existing Coverage

Will any existing ☐ Life, ☐ Health, ☐ Accident & Sickness, ☐ Disability Income or ☐ Annuity Contract(s) be replaced or changed if a proposed policy or certificate is issued? If "Yes," please give details below:

YES NO

☐ YES ☐ NO

Company

Policy Number

End Date (mm-dd-yy)

_____	_____	_____ - _____ - 20 _____
_____	_____	_____ - _____ - 20 _____

7. Health Insurance In Force

Do you have other insurance which pays a lump sum benefit for a critical illness ?

☐ YES ☐ NO If "Yes," please give details below:

Company

Type of Insurance

Lump Sum Amounts

_____	_____	\$ _____ . _____
_____	_____	\$ _____ . _____

8. Remarks: _____

9. Applicant's Acknowledgment of Notices

The applicant has received and acknowledges receipt of the following forms:

- Outline of Coverage
- Notice About Insurance Information Practices and the Privacy Protection Act
- "The Guide to Health Insurance for People with Medicare" (if eligible for Medicare)
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)
- Authorization for Underwriting Purposes

10. Signatures

I certify that the statements contained in the application concerning past and present health are complete, true and correct.

THIS POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY. I understand that if I am a Medicaid recipient, any policy benefits paid may reduce any Medicaid benefits otherwise payable.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.

Dated at City/Town _____ State _____ Zip Code _____

This _____ Day of _____ 20 _____

Signature of Applicant

X

I have witnessed the signature of the Applicant. I certify that I asked all the applicable questions and truly and accurately recorded the answers contained herein. I certify that the Applicant has read the completed application or had it read to him or her. To the best of my knowledge and belief, except as may be stated by the Applicant's response to Question 6, the insurance applied for is not or is not likely to replace or change any existing policy(ies) or contract(s).

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____

APPLICATION FOR HEALTH INSURANCE TO

BANKERS LIFE AND CASUALTY COMPANY("The Company")
600 West Chicago Ave, Chicago, IL 60654-2800

1. Policy Information

(PLEASE CLEARLY PRINT ALL INFORMATION)

FORM NUMBER:

- ☐ **GR-G220:** Lump Sum Critical Illness Policy - **Cancer Only**
☐ **GR-G222:** Lump Sum Critical Illness Policy - **Heart/Stroke/End Stage Renal Failure**
☐ **GR-G224:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure**
☐ **GR-G226:** Lump Sum Critical Illness Policy - **Cancer/Heart/Stroke/End Stage Renal Failure And Other Specified Critical Illness**

POLICY OPTIONS

Lump Sum Benefit: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ \$60,000 ☐ \$70,000

RIDER OPTIONS

Return of Premium Rider: ☐ 257A

Request for Special Issue Date (mm-dd-yy) _____ - _____ - 20 _____

2. Personal Information of Person to be Insured

Applicant's First Name _____ M.I. _____ Last Name _____ Suffix _____

Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced _____ - _____ - _____
' ' " Social Security Number

_____ - _____ - _____ Date of birth (mm-dd-yyyy) _____ Age _____ Height (Feet and Inches) _____ Weight (Pounds) _____

3. Contact Information

Home Address _____

City/Town _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

E-mail Address _____

Billing Address (if different than home address) _____

City/Town _____ State _____ Zip Code _____

4. Post-Issue: Policy Number _____

- ☐ Exchange ☐ Reinstatement ☐ Upgrade Amount \$ _____ ☐ Downgrade \$ _____
☐ Other _____

5. Qualifying Information

Except for Question 5a., if you answer "Yes" to any of the other applicable questions in Section 5, (b. through l.), you are not eligible for this coverage.

Complete for All Coverage:

YES NO

- a. Within the last 10 years, have you used any tobacco products? ☐ YES ☐ NO
- b. Within the last 10 years, have you been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ YES ☐ NO
- c. In the past 2 years, has a member of the medical profession advised you to have a diagnostic test, surgical procedure or other treatment, including hospitalization, that has not yet been performed or completed, or have you completed a diagnostic test and have not yet received the results? ☐ YES ☐ NO

Complete for Cancer Coverage (GR-G220, GR-G224, GR-G226):

- d. Within the last 5 years, have you been treated for or diagnosed with any of the following conditions: Any malignancy including, but not limited to carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma, or other malignant tumor; chronic liver disease, including but not limited to cirrhosis and hepatitis B or C; chronic lung disease, including but not limited to chronic obstructive pulmonary disease (COPD)? ☐ YES ☐ NO
- e. Within the last 5 years, has a member of the medical profession advised you to have an examination, diagnostic test, biopsy, or consultation that was NOT completed, the results of which have NOT been received, or the results of which were abnormal and no follow-up or treatment has occurred for any of the following reasons or conditions:
- to determine or to rule out the presence of cancer ☐ YES ☐ NO
 - skin lesion such as a cyst, lump, mole or ulcer ☐ YES ☐ NO
 - elevated PSA level or an abnormal prostate exam ☐ YES ☐ NO
 - thyroid nodule or an enlarged thyroid gland ☐ YES ☐ NO
- f. Within the last 6 months, have you had a skin lesion such as a cyst, lump, mole, freckle, or ulcer that has bled, become painful, changed color, or increased in size? ☐ YES ☐ NO

Complete for Heart/Stroke/End Stage Renal Failure Coverage (GR-G222, GR-G224, GR-G226):

- g. Within the last 5 years, have you been treated for or diagnosed for the following conditions: heart attack, heart disease, heart surgery, congestive heart failure, angina or prescribed nitroglycerin, any other abnormality of the heart including coronary artery disease, peripheral vascular disease, stroke, transient ischemic attack, or any other cerebrovascular disease, any abnormal kidney function, kidney disease, renal failure or insufficiency, required dialysis, diabetes, spina bifida, lupus, or sickle cell anemia? ☐ YES ☐ NO
- h. Within the past 6 months, have You had a blood pressure reading of greater than 150 systolic or 95 diastolic? ☐ YES ☐ NO

Complete for Other Specified Critical Illness Coverage (GR-G226):

- i. Within the last 5 years, have you been required to or had an organ transplant, if any type of transplant has been recommended or suggested as a possible treatment? ☐ YES ☐ NO
- j. Within the last 5 years, have you been treated for or diagnosed as having kidney disease, Hepatitis, liver disease, or cirrhosis of the liver? ☐ YES ☐ NO
- k. Do you currently have any form of paralysis? ☐ YES ☐ NO
- l. Does your current vision meet the threshold of blindness defined as clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with sight in the better eye reduced to a best corrected visual acuity of less than 20/200 (Snellen or E-Chart Acuity) or 6/60 (Metric Acuity)? ☐ YES ☐ NO

6. Replacement of Existing Coverage

Will any existing ☐ Life, ☐ Health, ☐ Accident & Sickness, ☐ Disability Income or ☐ Annuity Contract(s) be replaced or changed if a proposed policy or certificate is issued? If "Yes," please give details below:

YES NO
☐ ☐

Company

Policy Number

End Date (mm-dd-yy)

_____	_____	_____ - _____ - 20 _____
_____	_____	_____ - _____ - 20 _____

7. Health Insurance In Force

Do you have other insurance which pays a lump sum benefit for a critical illness ?

☐ **YES** ☐ **NO** If "Yes," please give details below:

Company	Type of Insurance	Lump Sum Amounts
_____	_____	\$ _____ . _____
_____	_____	\$ _____ . _____

8. Remarks:**9. Applicant's Acknowledgment of Notices**

The applicant has received and acknowledges receipt of the following forms:

- Outline of Coverage
- Notice About Insurance Information Practices and the Privacy Protection Act
- "The Guide to Health Insurance for People with Medicare" (if eligible for Medicare)
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)
- Authorization for Underwriting Purposes

10. Signatures

I certify that the statements contained in the application concerning past and present health are complete, true and correct.

THIS POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY. I understand that if I am a Medicaid recipient, any policy benefits paid may reduce any Medicaid benefits otherwise payable.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.

Dated at City/Town _____ State _____ Zip Code _____

This _____ Day of _____ 20 _____

Signature of Applicant

X

I have witnessed the signature of the Applicant. I certify that I asked all the applicable questions and truly and accurately recorded the answers contained herein. I certify that the Applicant has read the completed application or had it read to him or her. To the best of my knowledge and belief, except as may be stated by the Applicant's response to Question 6, the insurance applied for is not or is not likely to replace or change any existing policy(ies) or contract(s).

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____

Signature of Licensed
Resident Agent

X

Agent No. _____ %

Branch Office Number _____